PTO/SB/08A (10-01)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Control number.

Substitute for form 1449A/PTO					Complete if Known			
					Application Number		09/965881	
	INF	ORMATION DISC	LOSURE	Filing Date		9/28/2001		
i		ATEMENT BY AP		First Named Inventor		Schulz et al.		
(use as many sheets as necessary)								
· (436 do many shoets as necessary)					Art Unit Examiner Nam		2644	
Ot t				1			Ramnandan Singh	
Sheet		1 o	'		Attorney Docket Number		481340010039	
U.S. PATENT DOCUMENTS								
Examiner	Cite	Document Number	Publication		Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Who	
Initiats*	No.1	Number - Kind Code ² (if known)	Date/Date of Patent MM-DD-YYYY	,			Relevant Passages or Relevant Figures Appear	
K&		6282286	8/28/2001		Ressor et al			
1-1-	ļ							
-	 	 	 					
					 			
							·	
								
								
			 					
						\		
		\	-					
	 -	 				-\		
		-						
<u> </u>						· · · · · · · · · · · · · · · · · · ·		
	<u></u>		ļ					
	· · · ·	Foreign Patent Document	1				0	
Examiner Initials*	Cite No.1	Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)	Publication Date MM- DD-YYYY	Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T®	
				$\overline{\Box}$				
								\prod
		OTHER PR	IOR ART NOI	N PATEN	T LITERATURE	DOCUMENTS		
Examiner Cite Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the								
Examiner Cite No. Item (book, magazine, journal, serial, symposium, calatog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.								T ²
								•
					$\overline{}$			
Examiner Date To 3.1								
Signatur	е	Vam	1 200			Considered	5/24/01	

*EXAMINER: Initial if reference considered, whether or not citation is In conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

'Applicant's unique citation designation number (optional). 'Applicant is to place a check mark here if English language Translation is attached. Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231